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One year mortality of patients treated with an emergency department based early goal directed therapy protocol for severe sepsis and septic shock: a before and after study

[Puskarich, Michael A.](#) ; [Marchick, Michael R.](#) ; [Kline, Jeffrey A.](#) ; [Steuerwald, Michael T.](#) ; [Jones, Alan E](#)



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Abstract:

Introduction Early structured resuscitation of severe sepsis has been suggested to improve short term mortality; however, no previous study has examined the long-term effect of this therapy. We sought to determine one year outcomes associated with implementation of early goal directed therapy (EGDT) in the emergency department (ED) care of sepsis. **Methods** We performed a longitudinal analysis of a prospective before and after study conducted at a large urban ED.

Adult patients were enrolled if they had suspected infection, 2 or more systemic inflammatory response criteria, and either systolic blood pressure (SBP) <90 mmHg after a fluid bolus or lactate >4 mM. Exclusion criteria were: age <18 years, no aggressive care desired, or need for immediate surgery. Clinical and outcomes data were prospectively collected on consecutive eligible patients for 1 year before and 2 years after implementing EGDT. Patients in the pre-implementation phase received nonprotocolized care at attending physician discretion. The primary outcome was mortality at one year. Results 285 subjects, 79 in the pre- and 206 in the postimplementation phases, were enrolled. Compared to preimplementation, post-implementation subjects had a significantly lower ED SBP (72 vs. 85 mm Hg, $P < 0.001$) and higher sequential organ failure assessment score (7 vs. 5, $P = 0.0004$). The primary outcome of 1 year mortality was observed in 39/79 (49%) pre-implementation subjects and 77/206 (37%) post-implementation subjects (difference 12%; $P = 0.04$). Conclusions Implementation of EGDT for the treatment of ED patients with severe sepsis and septic shock was associated with significantly lower mortality at one year.

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